

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90364 040 ***150.00

DOCUMENT # P98000035228

1. Entity Name

BOYLESTON PARTNERS, INC.

Principal Place of Business

% PHYTRUST, LTD.
 1204 N. UNIVERSITY DR
 PLANTATION FL 33322

Mailing Address

% PHYTRUST, LTD.
 1204 N. UNIVERSITY DR
 PLANTATION FL 33322

2. Principal Place of Business

13680 NW 5th Street

3. Mailing Address

13680 NW 5th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Sunrise, FL

Sunrise FL

Zip

Country

Zip

Country

33325

USA

33325

USA

4. FEI Number

65-0828800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NATKOW, NEIL A
% PHYTRUST, LTD.
1204 N. UNIVERSITY DR
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13680 NW 5th Street

Suite 100

City

Sunrise

FL

Zip Code

33325

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/4/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPC** ☐ Delete
 NAME **NATKOW, NEIL A**
 STREET ADDRESS **1204 N UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **DVST** ☐ Delete
 NAME **COLLINS, KEITH**
 STREET ADDRESS **1204 N UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **COO** ☒ Delete
 NAME **BERMAN, NEIL**
 STREET ADDRESS **1204 N UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **V** ☐ Delete
 NAME **BUTLER, KATHY**
 STREET ADDRESS **1204 N UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Jackson, Kathy B.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

(954) 475-8707

Daytime Phone #

CR2E034 (9/01)